INTRODUCTION

Considering the Politics of Therapeutic Language

Imagine you are an exile in a foreign land and have been diagnosed with what the natives consider to be an incurable, if treatable, disease. This disease is characterized by the inability to use language to express what you think and how you feel. You are now being treated by local specialists who work to rehabilitate your relationship to language. Through a complex set of traditional ceremonial practices, the specialists teach you how to use words, phrases, and, eventually, entire plotted narratives that reference and reveal your inner states. This rigorous pedagogical program, which you have been told is therapeutic, is also the specialists' means of evaluating you. So, as you engage in rituals of speaking, the specialists judge the extent to which your utterances match your inner states or—in native terms—how "honest, open, and willing" you are as a speaker and as a person. *Honesty*, *openness*, and *willingness* are of the highest cultural value; they are the indigenous markers of individual integrity, morality, and health. This is true according to both the specialists and the broader society that has ordained them as such. And, as indicated by your ritual treatment, these values are thought to manifest in and through the local tongue.

Imagine, too, that aside from your diagnosed troubles the society in which you now live has deprived you of many of the things normally provided to adult persons: a home or shelter; the means to clothe, feed, and care for yourself; a way to travel from place to place; a meaningful vocation; and even a kin network on which you can rely. Now suppose that the specialists are empowered to help you access these things but can also keep them out of your reach. Since the specialists' evaluative powers are linked with the capacity to distribute basic goods and resources, your ritual performance—that is, the way you speak in the course of your treatment—has far-reaching material and symbolic consequences. For instance, if you have children, they may be taken away to be cared for by others. Or, if you have been sleeping under broadleaf trees or in strange men's houses, you may be granted a home of your own with a well-made roof and a lock on the door.

As an initiate of these loaded rites of passage, perhaps you have come to believe—like the natives—in the reality of your "disease." In this case,

you also depend on the specialists to determine how much more you will suffer, which they will discern as you try to speak in the ways they have taught you. For, as ritual formulas, the mantras you have learned from the specialists can transform as well as condemn you in the eyes of the locals. It all depends on how you use these efficacious ways of speaking, which the specialists will evaluate and oversee but can never totally control. Indeed, how will they ever really know if you have truly "gone native" and been transformed by their treatment? And, what are the stakes, not to mention the possibilities, of doing so?

Welcome to the world of mainstream American addiction treatment, where disease is conceived as so many illegible signs that can only be read by the sober.

Treating Talk and Talking Treatment

This book is based on more than three years of following an interconnected group of professional practitioners[1] and drug-using clients through a network of social service agencies in a Midwestern city that was (and still is) suffering the effects of economic downturn, disinvestment, and welfare state retrenchment. The ethnography focuses on "Fresh Beginnings"—an outpatient drug treatment program at the center of this social service network—and the associations and negotiations between therapists and clients there. As suggested above, these everyday interactions were semiotic entanglements: clients worked to effectively represent themselves and their problems, and therapists worked to *script*, or set the terms of these representations. Because of the institutionalized ties between Fresh Beginnings therapists and other social service professionals, a variety of resources—from temporary housing, transportation vouchers, and job training to medical care, legal protection, and therapeutic acknowledgment—hung in the balance of these intensive verbal transactions.

Scripting is an especially important, if poorly understood, element of American social work, a multidisciplinary field in which people's symbolic interactions have far-reaching material consequences.[2] While the coercive and controlling nature of social work and welfare practices has been well documented, *Scripting Addiction* illustrates that social service professionals talk about people and problems in ways that resonate with broader cultural narratives, and thereby appeal to powerful, institutional audiences who can help them to help others. After all, addiction counselors, case workers, and shelter managers—like the ones portrayed in this book—do not simply evaluate clients' words as signs of personal prog-

ress (or lack thereof); they also use those evaluations as the basis for exonerating or damning reports to parole officers, calls to child protective service workers who can take children into state custody or return them to their homes, or consultations with welfare workers who may provide or withhold the means to consistently feed, clothe, and house a family.

Therefore, clients in drug treatment understandably try to anticipate and control how their words will be taken up by their counselors and case managers. Many, no doubt, do this by investing precisely in the rituals of speaking that comprise their treatment, whether during shelter intakes, clinical assessments, or individual and group therapy sessions. Yet, at Fresh Beginnings, other clients worked to manage their institutional fate by practicing what they called "flipping the script"—that is, formally replicating prescribed ways of speaking about themselves and their problems without investing in the *content* of those scripts. For instance, in a Tuesday morning therapy group, Nikki, a twenty-nine-year old program veteran, compellingly recited a confessional tale of triumph over crack cocaine, weaving autobiographical threads through the well-rehearsed plot of denial, downward spiral, rock bottom, and willful recovery. Just hours later, Nikki poured her nephew's urine into a drug-screen vial marked with her own initials. This ethnography traces the meaning of and continuity in such seemingly disparate acts.

If social service professionals rely on client talk in meeting their dual charge to evaluate people and distribute resources, and if clients leverage material and symbolic resources with their words, it is because their work is, in essence, *semiotic* work. In other words, both clients and professional practitioners use language to achieve a variety of ends, including the production of personhood endowed with the qualities valued by larger American society. In fact, the mission of Fresh Beginnings—as inscribed in its very own mission statement—was to endow people with "lasting sobriety and self-sufficiency." And while both these goals obviously entailed managing material goods and resources, this book shows how and explains why sobriety and self-sufficiency are so closely associated with a specific way of speaking. Indeed, at Fresh Beginnings, therapy was focused on reconfiguring clients' relationship with language rather than simply, or even primarily, reconfiguring their relationship to drugs.

The talking cure has a long history in the United States, where the presupposing, denotative functions of language are systematically privileged by speakers (Duranti 1988; Irvine 1989; Rosaldo 1982; Silverstein 1979, 1996, 2001, 2003a; Woolard 1998); that is, the linguistic regularities characteristic of what Benjamin Whorf called "Standard Average European" are maintained by users' folk theories, which posit that words primarily function to name what's "out there" in the world (see Silverstein

1996). As a number of clinical ethnographies have suggested, the privileging of the presupposing functions of language is particularly prevalent in contemporary clinical settings and situations, where people are supposed to reference and release inner denotata when they speak (e.g., Capps and Ochs 1995; Desjarlais 1996, 1997; Wilce 1998, 2003; see also Crapanzano 1992). More generally, Americans tend to evaluate a person's integrity and health by determining if his or her words correspond with what he or she already "truly" thinks or feels.[3]

As an ethnography of the United States, *Scripting Addiction* shows how treatment programs, like Fresh Beginnings, are central sites where cultural ideologies of language are *distilled*—that is, reproduced in pure and potent form. Specifically, this book focuses on the distillation of what I call the *ideology of inner reference*, an ideology that presumes that (1) "healthy" language refers to preexisting phenomena, and (2) the phenomena to which it refers are internal to speakers.[4] Through the ethnography of clinical assessments, case conferences, and group therapy sessions, the pages that follow show that both the depth of clinical pathology and progress in recovery are linguistically measured, as drug users' representations of themselves and their troubles are held against the cultural and clinical ideal of perfectly transparent and exhaustive—or sober—inner reference. For, as we will see, Fresh Beginning therapists determined the sobriety of their clients by evaluating the sobriety of their speech, namely, how perfectly they matched spoken signs to "inner states," without exaggeration, flourish, or fancy (cf. Keane 2002, 2007).[5]

The ideology of inner reference is particularly potent in the field of mainstream American drug treatment, which has long theorized and treated addiction as a semiotic malady.[6] In line with a well-established stream of clinical theory, crystallized in the idea of addicted denial, Fresh Beginnings therapists averred that addicts suffer from the inability to read their inner states and render them in words. Accordingly, during group and individual therapy, therapists provided detailed guidelines about the formal components of "healthy" referential talk, and carefully monitored their clients' linguistic practices. Words that *did* things like persuade, pronounce, or protest—what J. L. Austin (1962) famously called "performatives"—were eschewed by program therapists, who urged their clients to confine their use of language to simple and sober denotation.[7] Thus, *Scripting Addiction* shows that the familiar prelude, "Hi, my name is X and I am an addict," and the structured tale that follows are not the natural outpourings of the addicted character in recovery, nor are they the inevitable manifestation of a cultural compulsion to confess. Instead, these narratives are the hard-won products of a clinical discipline that demands a totally unmediated language, one that appears

to transparently refer to and reveal the inner thoughts, feelings, and memories of its speakers.

One might simply argue that mainstream American addiction treatment produces "addicts" by urging people to name and talk about themselves as such. *Scripting Addiction* instead explains why professional practitioners devote themselves to producing *a way of speaking,* which presumably allows access to the inner states of speakers, including states of addiction. Proceeding from the premise that addiction is a culturally mediated affliction—meaning that both the constitution and classification of any relationship between self and substance is inherently context-specific—this book makes the broad argument that we cannot fully understand the project of person-making until we understand the politics of language.

By ethnographically demonstrating the idea that how one speaks in a clinical setting is both thoroughly cultural and inherently political, the book builds upon the rich anthropological work on semiotic ideology (e.g., Bauman and Briggs 2003; Brenneis 1984; Briggs 1998; Gal 1992; 1998; Gal and Irvine 1995; Hanks 1996a; Hill 1985, 2000, Irvine and Gal 2000; Keane 2002, 2007; Kroskrity 1998, 2000; Mertz 1998; Philips 1998 Silverstein 1979, 1985, 1996, 2004; Woolard 1998; Woolard and Schieffelin 1994). Whereas other studies have addressed the role of language and narrative in socializing people to both treatment milieus and "healthy" identities (e.g., Bezdek and Spicer 2006; Borden 1992; Bruner 1990; Cain 1991; Capps and Ochs 1995; Ferrara 1994; Laird 1994; Mancini 2007; Ochs and Capps 2002; Riessman 1990, 1992, 2003; Swora 2001; White and Epston 1990; Wahlstrom 2006; Wilce 1998, 2003, 2008; Wilcox 1998), this book is distinctive in its concerted, critical attention to the political as well as the cultural dimensions of therapeutic talk. Indeed, the chapters that follow investigate the cultural negotiations and contestations at play within frames that are often understood to be simply therapeutic.

Scripting Addiction demonstrates that the rituals of speaking that characterize mainstream American addiction treatment are political in three primary senses. First, by prescribing talk that can only reference the inner states of speakers, addiction counselors effectively, if not intentionally, enervate clients' institutional critiques and discourage social commentary. Second, the rituals of speaking that produce this highly personalized talk not only affect how social service professionals evaluate people and problems, but also impact how basic goods and services are distributed. Third, *Scripting Addiction* documents the skillful and sometimes surprising ways that clients manage to leverage material and symbolic resources with their words. After all, script flippers like Nikki, effectively suggest

that every script, however prescribed or however prescriptive, is open to the purposeful engagements of skilled speakers and actors.

Text and Territory

It is late autumn of 1997. Six of us are spread across the front porch of one of the many three-bedroom frame houses that line Cliff Street. Fallen leaves crunch underfoot of passersby who determinedly ignore our measuring eyes. Nonetheless, their quickened strides suggest that our collective stare shrinks the gap of the postage-stamp lawn and makes the short walk past the porch feel very long indeed.

Over time, the neighbors have come to believe that the women talking, smoking, and staring on this porch are the residents of a "halfway house or *home* or something like that." A few have watched more carefully through curtained living room windows, witnessing women and children piling into the two white vans that arrive toward the end of every weekday. And, those who live next door know that on weekends, the purplish gray house is unusually dark and quiet. Even the swings out back—which generate tiny shouts of glee throughout the week—sag in abandonment.

The women on the porch have their own theories about the people who pass by, and why they so studiously avoid interaction. Sometimes, when the staff and kids are out of earshot, and the banter on the porch has lulled, Marion playfully heckles an attractive, blond neighborhood man whom she calls "Plaid." Or, Nikki bounds off her stoop to ask a startled young woman walking by for a light. (When refused, Nikki laughs and calls out: "I know you *got* one. I *seen* you smoke before.") Most of the women on the porch clearly disapprove of this type of entertainment, scolding: "Just leave the poor things alone." Others flip through hand-me-down magazines, make lists of the week's errands, and find other ways to ignore the latest antics. Regardless, the fun is over before long, as the women extinguish their cigarettes in an old Folgers can and file back up the narrow, dingy staircase to a second-story room where their afternoon therapy sessions are held.

If the passersby don't know what to make of the house on Cliff Street and its transient occupants, it is not just because this middle-class, residential neighborhood is an unusual location for an outpatient drug treatment program,[8] especially one designed specifically for homeless women. It is also, undoubtedly, because the program is an example of a relatively new form of social service delivery. Indeed, the Fresh Beginnings program was born of a formal collaborative of previously independent, community-based social service agencies in a county hit hard by de-industrialization

and beset by a well-documented lack of affordable housing.[9] By the late 1980s these agencies, which had focused the bulk of their energies on suicide prevention, teen runaways, and drug overdoses during the 1970s, found that the majority of those calling their "crisis hotlines" were families and individuals with reports, rendered in voices trembling with cold or fright, that they had no place to sleep and nothing to eat. Shifting focus accordingly, each agency independently scrambled to provide shelter and support services to the swelling number of families with children, not to mention adult individuals, who met newly established minimum federal standards of homelessness[10]—whether "doubled-up" in friends' or relatives' houses because of an eviction, a foreclosure, or a domestic incident, or members of the far smaller group of "chronically homeless" in the county.[11]

In light of these jointly recognized exigencies, five of the local agencies serving the county's one thousand newly homeless families banded together to establish what would soon be called the "Homeless Family Consortium" (HFC). From its beginnings in the early 1990s, HFC acknowledged that its members were a rather motley crew characterized by radically different ideological proclivities—from the explicitly feminist orientation of the domestic violence shelter to the mandatory Bible Study groups held at St. Thomas's Shelter. The most critical of these divisions involved each agency's understanding of the etiology of homelessness.

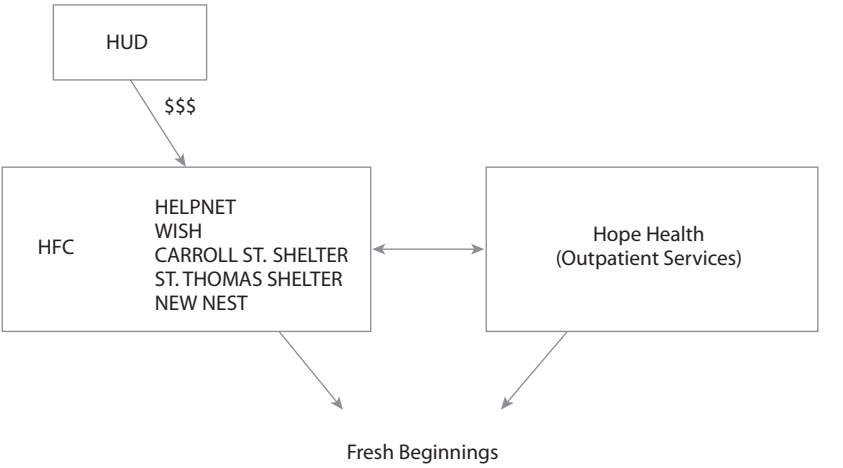

Figure I.1. Fresh Beginnings, the Homeless Family Consortium (HFC), and funding/partnering agencies.

Whereas some agencies claimed that the women smoking on the Cliff Street porch had behaved their way into homelessness by doing drugs and bearing children out of wedlock, other agencies entered the consortium with their eyes squarely focused on the political economic correlates of homelessness, which, they argued, propelled women to behave as they otherwise would not.[12] Not surprisingly, their interventions and interactions with clients varied accordingly.

Regardless of how they defined the widely acknowledged problem of homelessness in the county and envisioned appropriate solutions, all HFC agencies agreed that competing for increasingly scarce federal and state resources was disadvantageous both to their respective institutional health and the well-being of their shared client population. By the mid-1990s, prominent sources of federal funding were already clearly promoting "wrap-around" service delivery, in which collaborating, community-based service agencies would provide unique and well-defined services and thereby eliminate costly "service duplication" (Clark et al. 1996; Malysiak 1997, 1998). "Wrap-around" rhetoric, with its operating frames of "family empowerment," "individualized services," and "community integration" held sway, more generally, in the decidedly devolving political climate. Expertly deploying the language of wrap-around in their grant application to the National Office of Housing and Urban Development (HUD), HFC was awarded a multimillion dollar grant to coordinate transportation between agencies and set up an interagency computer network to track and monitor their shared client base. Most significantly, the grant allowed HFC to contract with a large, local Catholic hospital with extensive psychiatric and substance abuse services, called "Hope Health," and establish an intensive outpatient drug treatment program that would serve eligible clients from any of the collaborating agencies. Indeed, if HFC agencies were primarily bound by the common goal of garnering shrinking federal funds, they also shared the conviction that many of their clients were beset by drug and alcohol problems that warranted the development of an outpatient drug treatment program designed specifically for their joint clientele.

Two and a half years after receiving the funding, Fresh Beginnings was still HFC's most distinguished achievement despite the formidable problems that had characterized the program's development and daily administration. Therapists and program administrators touted the program's specialized services—including on-site child care and transportation—which other treatment programs lacked. They also lauded the program's commitment to "gender-sensitive"[13] and "culturally-sensitive"[14] service provision, which they argued was essential in treating homeless women. From the program's inception, administrators asserted that whereas tra-

ditional drug treatment approached their clients as generic addicts with homogeneous needs, their innovative program would recognize that homeless women addicts had *special* needs that could only be answered with correspondingly specialized services. And although HFC professionals differed in how they conceptualized exactly what was special about their clients' needs, and therefore how they aligned themselves with the treatment program's mission of "sobriety and self-sufficiency," they all found that the twin terms of "chemical dependency" and "economic dependency" were particularly efficacious in the American political climate of the mid-1990s, haunted as it was by that troubling figure known as the "welfare dependent."

Identifying Icons and the Policies of Personhood

Opening in the White House Rose Garden where President Bill Clinton is "ending welfare as we know it" and proceeding to a day-long staff retreat on Cliff Street, chapter 1 shows how HFC professionals adopted and adapted discourses of dependency to paint a portrait of "the client" on which their treatment program, in turn, could symbolically depend. The chapter does not simply draw a parallel between neoliberal reformers' casting of characters on national policy stages (such as Clinton's supporting cast of "welfare mothers" who joined him in the Rose Garden) and the program development strategies employed by Fresh Beginnings professionals. Making use of data gathered at the retreat as well as program meeting minutes and grant applications, chapter 1 also examines the semiotic processes by which such politico-therapeutic discourses are registered in practice and thereby reproduced in institutional settings (see Agha 1998, 2007; Mehan 1996; Matoesian 2008; Silverstein 2003b, 2004, 2006).[15]

More generally, chapter 1 highlights the possibilities and dangers of casting political and economic issues of poverty and homelessness as essentially therapeutic concerns. In this sense, the chapter finds inspiration in Nancy Fraser and Linda Gordon's (1994) brilliant demonstration of how the political and economic meanings of the term "dependency" have been collapsed into an all-encompassing psychological register, so that dependence of the poor on the state for a (less than) living wage, for instance, is effectively recast as the pathological manifestation of inherently dependent psyches.[16] While Fraser and Gordon discuss the highly gendered terms of "welfare dependency" and "co-dependency," the study of Fresh Beginnings allows us to consider how cultural ideas about economic dependency and contemporary discourses of addiction or "chemical dependency" are entwined. Indeed, *Scripting Addiction* not only dem-

onstrates that therapeutic language is inherently political; it also highlights how contemporary American political language mobilizes a strikingly therapeutic lexicon.[17]

Taking Them In and Talking It Out

If passersby on Cliff Street recognized the women on the porch to be "homeless women" or "drug users"—if they recognized them at all—the professional practitioners affiliated with the Fresh Beginnings program generally identified their clients as "consumers" in expectation that they would come to inhabit this label and act accordingly.[18] And, regardless of their individual inclinations toward the program's dual goals of imparting "sobriety and self-sufficiency," Fresh Beginnings clients shared very practical stakes in meeting professionals' expectations. After all, the vast majority of incoming clients did not voluntarily attend the program. In some cases, clients had been required to attend drug treatment to meet the terms of parole officers or child welfare workers, who were in regular contact with program therapists. In all cases, Fresh Beginnings clients' subsidized housing, shelter, and ancillary services such as child care, tutoring, and legal advocacy services—as provided by the five HFC agencies—contractually hinged on their therapeutic success on Cliff Street.

Indeed, the Fresh Beginnings program was designed to address drug-using homeless women's "special needs" through a system of coordinated care. Each client was to meet regularly with her designated HFC case manager, whose role it was to address pragmatic issues relating to housing, employment, or education, as well as with a clinical team comprised of family counselors and chemical dependency (or simply "CD") therapists. And while the scheduling of regular case conferences between therapists and case managers was commonly plagued by case overload and rampant staff turnover, all professionals worked hard to coordinate care, which also meant coordinating their evaluations of each client's progress.

Thus, Fresh Beginnings clients found that they were held to the discerning terms of their "treatment contracts"—which were drawn up by chemical dependency therapists Laura and Susan—far beyond the treatment program. And although it was immediately clear that therapists evaluated their therapeutic progress based on what they said in therapy sessions, clients also soon discovered that many other professional practitioners could eventually be party to the words they spoke on Cliff Street. Accordingly, chapter 2 not only documents the institutional pathways by which clients entered into the Fresh Beginnings program, but it also highlights how professional texts about these clients were generated and trav-

eled with them, affecting the flow of resources, services, and sanctions. The chapter begins by focusing on the very first encounters between clients and HFC case managers, which occurred during agency intake interviews. Describing professionals' work of procuring verbal evidence of clients' drug use and translating it into institutionally legible texts, such as case notes and program referrals, chapter 2 then follows a cadre of HFC clients to the Fresh Beginnings program, where they engaged in another round of interviews known as "clinical assessments."

In addition, chapter 2 underscores clients' efforts to control how professional talk and texts about them traveled. Rather than seeing assessment reports and referrals as so much baggage, this chapter takes the perspective of clients and professionals who understand that these institutional texts carry the people represented in them as much as the other way around. Finally, in carefully examining program intakes and clinical assessments as linguistic interactions, chapter 2 also explores the epistemologies of language that commonly underlie interviewing, which have profound implications for ethnographic research as well as clinical practice (see also Briggs 1986, 2007; Carr 2010).

Clinographies of Addiction

Once admitted to Fresh Beginnings, one's economic as well as therapeutic well-being was tied to the adoption of a particular way of speaking—a fact hardly lost on the women who attended the program. As five of the six women smoking on the porch that autumn afternoon reached the second-story therapy room, they entered into a ritual space where "sobriety" and "self-sufficiency" were generated—at least ideally—in words. Arming themselves with mugs of instant coffee and pastel colored tissue boxes, clients settled into donated couches arranged around an empty, swiveling office chair. As the therapist took the central seat, the unpredictable cadence of multidirectional banter, hushed sympathies about children, lovers, or johns, and the occasional exasperated guffaw segued quickly into the daily regimen of group therapy. Fresh Beginnings clients took turns weaving the day's designated theme (e.g., shame, codependency, responsibility) into personalized narratives of early trauma, accelerated denial, rock bottom, and willful recovery as an attentive therapist looked on.

The women on Cliff Street dutifully engaged in these rituals of speaking precisely because American addiction specialists have long theorized addiction as a disease of denial—which afflicts the ability to read and render inner states in words—and accordingly prescribed the language of inner reference.[19] Indeed, whether one enters a clinician-led group therapy session, such as the one described above, within the formal drug

treatment system, which consists of approximately 13,600 federal, state, and local programs that see about 1.1 million clients annually (N-SSAT 2007),[20] or visits one of the approximately 65,000 Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) groups across the U.S., one discovers that drug rehabilitation commonly revolves around rehabilitating the drug user's relationship with language. Following linear plotlines that proceed from a denoted dirty past to an anticipated clean future, recovery narratives are the means by which millions of drug using Americans have practiced self-insight in their efforts to get sober. And for many thousands of practitioners, recovery narratives are also the very measure of this insight, and therefore the most highly valued signs of their professional efficacy.[21]

This is especially true of those who espouse the "disease concept" of addiction, which has been popularized through AA and institutionalized by the Minnesota Model—a counseling approach developed in the 1940s and 1950s (Cook 2006).[22] Premised on the idea that addiction is an incurable, if treatable, disease that specifically afflicts drug users' insight, the Minnesota Model combines psycho-education, whose goal is to build self-awareness, with group counseling, which is designed to confront denial (Chiauzzi and Liljegren 1993:305). At the time that HFC administrators were envisioning their treatment program and inscribing that vision on paper to HUD, more than 90 percent of professional treatment programs adhered to the basic principles and practices of the Minnesota Model (Spicer 1993; see also Morgenstern 2000; Weisner and Greenfield 1995). And even though those involved in the founding of Fresh Beginnings insisted that their program would be unique in its clinical orientation as well as its program design, just a glance at the weekly schedule betrayed the new program's debt to the Minnesota Model, with a weekly psycho-educational group, individual counseling session, and trip to a local AA meeting interspersed in a solid slate of group therapy sessions devoted to talk.

Although the disease concept of addiction has been recently challenged, particularly by an innovative new approach to addiction treatment called Motivational Interviewing, many of its ideas about denial, insight, and the language of recovery are widely shared among addiction specialists and practitioners across otherwise distinctive theoretical orientations (e.g., Carroll 1980; Chafetz 1997 [1959]; Davidson 1977b; Doweiko 1996; El Rasheed 2001; Fewell and Bissell 1978; Flores 1988, 2004; Hazelden 1975; Johnson 1980; Kauffman 1994; Kearney 1996; Keller et al. 1995; Krystal and Raskin 1970; Mandell et al. 2007; Morgan 2006; O'Dwyer 2004; Peterson, Nisenholz, and Robinson 2003; Rinn et al. 2002; Rosenfeld 1994; Rasmussen 2000; Razlog et al. 2007; Speranza et al. 2004; Sifneos 1996; Spiegel and Fewell 2004; Taylor et al. 1990;

Tiebout 1953; Troisi et al. 1998; Wallace 1978; Walters 1994; Wurmser 1974, 1985, 1992, 1995). Chapter 3 charts this rich terrain of clinical theory, with an eye on how program therapists made use of well-established and widely held ideas about addicted denial in the course of their everyday practice. For, at Fresh Beginnings, denial—along with anger and shame—was theorized as a kind of psychic residue that settled, in layers, atop the innermost region of the self, preventing a sober accounting of its contents. Making use of the documents therapists accrued during the course of their professional training, as well as the psychoeducational materials they distributed to clients and the explanations they offered in ethnographic interviews, chapter 3 examines how Laura and Susan envisioned the subjectivity of their clients. Titled "Clinographies of Addiction," this chapter not only describes the topographical model of addicted subjectivity recognized in the Cliff Street therapy rooms; it also introduces the linguistic methods therapists used to excavate it.

Although addiction was theorized at Fresh Beginnings as an incurable disease, chapter 3 works to shed light on the broader questions of just why and in what sense so many Americans invest in the idea that talking cures. After all, the sobriety of mind, body, and spirit are valued far beyond the domain of mainstream American addiction treatment, as is the idea that one can demonstrate this sobriety by clearly reading and cleanly relaying inner states, as thinkers from Augustine to Weber have suggested.[23] Thus, in ethnographically examining how these enduring cultural values and ideas were distilled on Cliff Street, chapter 3 follows clients from the front porch and into the group therapy room where therapists impart what it means to speak like, and therefore *be,* a healthy and valuable American person as well as a recovering addict.

Addicted Indexes and Metalinguistic Fixes

Thursdays were especially trying days on the front porch of Fresh Beginnings. For, on Thursdays, the porch accommodated clients who waited, sometimes for more than an hour, for the chronically tardy program van to pick them up and transport them to a local AA meeting. Aside from the wait, many clients resented these required weekly trips, especially after the many hours of the week that they had already devoted to talk, even if in the relatively intimate setting of Fresh Beginnings. Some, like their therapist Laura, expressed philosophical critiques of AA, preferring its "sister institution"—Women for Sobriety (WFS)—and its foundational motto, "We are the author of the script by which we live our lives," over AA's injunction to "admit we are powerless over alcohol." And because clients who had recently relapsed or otherwise broken program rules

were commonly required to attend ninety AA meetings in ninety days (otherwise known as "90/90s"), the regular Thursday meeting felt particularly punishing to some. So, in addition to waiting, smoking, and grumbling on the porch, clients sometimes devised creative ways to dodge AA and therefore circumvent yet another round of talk.

The hybridization of self-help and formal modes of social service is clearly symptomatic of late-twentieth-century (post) welfare state politics (Cruikshank 1999; Fairbanks 2009; Maskovsky 2001; Schull 2006). However, Fresh Beginnings' integration of AA's disease concept (with its emphasis on denial), WFS's "Thirteen Affirmations" (which indicate that recovering addicts can clearly think and therefore behave in sober ways), and attempted applications of dialectical behavior therapy[24] also suggest significant *clinical hybridity* as well. Consider therapists' prolific use of the therapeutic slogan "secrets keep us sick," which combines the psychodynamic presumption that inner states can be dangerously cystic unless they are put into words, with the cognitive behavioral idea that the very recitation of such a catchy semantic package may just compel the speaker to think and act accordingly. (Stuart Smalley's mirror incantations—"*I'm Good Enough, I'm Smart Enough, and, Doggone It, People Like Me*"—are cogent pop-cultural exemplars of the practically reinforcing, if conceptually contradictory, relationship between the semantic content and pragmatic force of such therapeutic statements). And, indeed, when it came to applications of formal clinical theory, Fresh Beginnings therapists were generally inclined to heed "whatever works" in practice—a motto indicative of the pragmatic and eclectic orientation common among many professional practitioners of psychotherapy (Ball et al. 2002; Ford 1996; Taleff 1997).[25]

Although Fresh Beginnings was characterized by a clinical heterodoxy, whereby ideas from different clinical traditions were creatively combined to meet particular demands of practice, therapists' theories about language and its proper uses were orthodox, and often explicitly so. In the therapy room, around the staff table, and in many conversations with a curious ethnographer, therapists delineated the ingredients of "healthy" talk. For example, program therapists not only reminded quiet clients that "secrets keep us sick," they also urged critical clients to "share your experience, not your opinion," and periodically scrawled across the dry erase board "D-E-N-I-A-L = Don't Even Notice I Am Lying," for all clients to see. Furthermore, on the east wall of the therapy room, therapists posted complex rules of speaking, which explicitly forbade interruption, repetition, or giving advice; required eye contact between speakers and listeners; and demanded that emotions be "owned" by those who expressed them. Thus, not only was there a lot of *talk* at Fresh Beginnings; the program also played host to a copious amount of *talk about talk,* all of which concertedly delineated the principles of inner reference.

The prolific use of therapeutic metalanguage is the focus of chapter 4, "Addicted Indexes and Metalinguistic Fixes." The chapter works to solve an interesting puzzle: given American language ideology, which systematically privileges the use of language to reference preexisting psychic and social facts, why do therapists have to work so hard to produce, protect, and patrol such highly naturalized—or commonsensical—ideas about language? I call such work "metalinguistic labor" (see also Carr 2006), demonstrating that whereas therapeutic interventions seem to elicit inner signs that are always already there, awaiting cathartic escape in language, Fresh Beginnings therapy was instead an exercise in linguistic purification—one that required the labor of therapists, the cooperation of clients, and the use of particular semiotic processes for producing a perfectly clean and sober language.

If therapists worked hard to produce the language of inner reference, it is most obviously because they were dedicated to producing healthy speakers. Nevertheless, chapter 4 shows that by formally restricting talk to the reference of already existing inner states, therapists effectively—if not intentionally—insulated themselves and their young program from clients' critiques and challenges. For instance, a client's comment that therapists favored white clients could be swiftly robbed of its critical efficacy once it was taken up as a sign of the commentator's therapeutically troubling "inability to trust." Thus, chapter 4 not only suggests that mainstream American addiction treatment is a *normative* site, where broader cultural ideas about language are practiced and policed; the chapter also demonstrates that programs like Fresh Beginnings are *normalizing* sites where people learn to represent themselves in a manner that supports existing institutional and cultural orders.

Therapeutic Scenes on an Administrative Stage

Rhonda was one of those clients clearly not amused by Nikki's and Marion's antics on the porch of the treatment program. She generally kept to herself and was outside the circle of friends formed by many Fresh Beginnings clients, whose relationships were sometimes forged well before they began their treatment (whether in grade school or Sunday School classes or on the street) and often outlasted their stints in treatment. Accordingly, Rhonda quickly became a prime suspect in the series of petty thefts from the client-run "Clothes Closet"—a secondhand clothing shop set up in the basement of the treatment program. Whether she was actually the one who made off with highly coveted items, including the brightly colored toddler gear, which had been most fortuitously donated by the Disney Store, remained unclear.

Furthermore, Rhonda participated only in the most perfunctory way in bimonthly Client Advisory Committee meetings, a semiformal mechanism

designed to garner clients' feedback about program administration and development. She also seemed decidedly uninterested in the regular reports from the first generation of "client representatives," who had been elected by their peers to attend Fresh Beginnings advisory board meetings, where program policies were officially debated and developed by the professionals affiliated with the treatment program. I was therefore a bit taken aback when, after the first client representatives "retired" from their post, Rhonda enthusiastically volunteered to take the position. With no one else willing to volunteer or intervene, Rhonda became, if only for a short time, the sole "client representative." This meant that twice a month, alongside program administrators, therapists, clinical supervisors, and shelter managers, Rhonda would attend advisory board meetings, held several miles away from Cliff Street, and even farther away from the subsidized apartment that she had just landed with the significant support of her HFC case manager.

If I was somewhat puzzled by Rhonda's sudden interest in administrative affairs, my surprise multiplied when a placid and poised Rhonda entered the boardroom for her first board meeting as if she had done so many times before. Indeed, she had never seemed more at home. As members took their seats around a makeshift conglomerate of institutional folding tables, the HFC director called for a round of introductions in acknowledgment of the brand new board member. In classic institutional fashion, the professionals took turns identifying themselves by name and organizational role and function, with friendly smiles but little personal embellishment. All the board members explicitly directed their introductions to Rhonda, who nodded and returned smiles until the circling discourse made its way to her seat. Finally, it was Rhonda's turn to identify herself. Without hesitation and with seemingly unimpeachable confidence, the newest board member announced, "Hi, my name is Rhonda, and I am a recovering crack addict." As in an AA pair structure, her professional audience responded, "Hi Rhonda," before proceeding with the rest of their business.

Chapter 5, titled "Therapeutic Scenes on an Administrative Stage," takes this scene as its point of departure, exploring why modes of self-representation operant *inside* the therapy room affected how clients spoke *outside* the therapy room as well. Considering a range of analytic possibilities, including the possibility that Rhonda actually adopted the addict identity that she put into words, I bring to bear Louis Althusser's (1971) and Judith Butler's (1993, 1997) work to theorize Rhonda's boardroom confession as an instance of what I call "anticipatory interpellation": a process of anticipating how a powerful audience expects one to speak and beckoning that audience to address one accordingly (see also Carr 2009). Comparing Rhonda's boardroom career to that of an-

other client representative—who adopted the explicitly instrumentalist lingo of professional board members, which I also describe in some detail—chapter 5 is a parable about the unexpected political gains as well as the strategic quagmires of speaking "like an addict." More generally, in demonstrating that scripts adhere to roles (i.e., "client," "counselor," "administrator") regardless of the institutional stages on which they are performed (i.e., therapy room, boardroom, shelter), this chapter explicitly theorizes the relationship of ways of speaking, speakers, and contexts of speech, delineating a highly consequential taxonomy of possibilities for "doing things with words" (cf. Austin 1962).

Flipping the Script

One cold evening in March, Nikki and I met in a Bob's Big Boy, located on a busy strip of suburban boulevard, for the final chapter of her oral history interview. I hardly recognized her as she made her way through the crowded restaurant to the smoking section where I was sitting. Gaunt, eyes ablaze, and sporting recently cropped, slightly dreadlocked hair stuffed into an old baseball cap, she demanded a hug and I happily obliged. Catching both her hands in mine as we broke our embrace, I confessed, "I've really missed you," to which she responded with a noncommittal silence.

Aside from a brief telephone conversation to schedule our meeting, I had not seen nor talked to Nikki since her treatment had been terminated several months earlier by her new therapist, Lizzy, for "failure to comply." We settled into the sticky vinyl booth, still smiling in reunion, when Nikki asked, "I look horrible, don't I?" In uncomfortable reply, I hedged, "You're a little thin . . . you changed your hair." Taking off her cap, as if to give me a chance to survey the damage, she offered, "It was just breakin' off in my hand . . . cocaine will do that to you. You know I've been back out, right?" I nodded slowly, exchanging a long and loaded stare; "Yeah, I sorta figured."

"You should really eat . . . can you eat?" I queried, reminding her of our deal—a $25 stipend in exchange for her tale, plus all she could eat at the restaurant of her choosing. "I should eat some salad . . . order me a black coffee with lots of sugar," Nikki charged as she pulled herself up and headed toward the salad bar. I fiddled with my tape recorder, ordered Nikki's coffee, and watched as she critically perused the pickings. Returning with a plate piled high with cottage cheese, pasta salad, shaved carrots, and canned beets, she asked with some eagerness, "You ready?" This was not the first time I sensed that Nikki enjoyed these recorded events, a chance to do what she did most brilliantly: talk.

"Ok, so let me remind you of where we left off," I rejoined, needing no interview notes to get back on cue. Indeed, Nikki's previous two interviews

had stuck in my memory like glue, filled as they were with illustrative scenes and riveting anecdotes that gave ample evidence of Nikki's talents as a narrator. Spun while still a client at Fresh Beginnings, Nikki's first oral history interview oscillated between tales told seemingly to elicit shock (often prefaced with "you can't imagine" or "you wouldn't believe") and moving accounts of surviving life's many blows. The second chapter of her oral history, told while she was on probation from the program after hospital nurses revealed to program therapists that Nikki's newborn baby had tested positive for cocaine, was highly confessional, laden with clinical explanations, and replete with the kind of religious sentiment characteristic of mainstream, American addiction treatment. Now, seeking to start where we had left off, I reminded her of a touching anecdote she told me at the end of her second interview about a recovering alcoholic "John"-turned-lover who "transformed" her life by lovingly encouraging her to seek treatment. Her response to my query was unnerving but highly instructive:

1 I: So that's where we left off [in our last interview].
2 N: (long pause . . . laughter). Oh my. (laughter).
3 I: What? . . . *What*?
4 N: I told you *that* (laughter).
5 I: Yeah (giggle) . . . don't you remember?
6 N: You knew that didn't happen, right? (laughter). Please tell me
7 I: What?
8 N: Oh, poor ol' Summerson (sigh). *Girl*, don't you know, I flipped a *script* on you?!

Titled, simply, "Flipping the Script," chapter 6 not only demonstrates how script flipping troubled therapeutic practices at Fresh Beginnings; it also analyzes how, in performing acts of inner reference, clients challenged an ideology of language that enjoys prominence far beyond the therapy rooms on Cliff Street. After all, script flippers demanded that their analysts—whether anthropologist or therapist[26]—consider their narratives as effectual, context-sensitive social actions, with histories and futures of their own, rather than transparent reports on the contents of their psyches. For example, as the comparison of Nikki's interviews confirmed, her position in the program (as active and in "good standing" to "on probation" to "terminated") influenced the way she relayed life events. Wanting to convince me of her newly found faith in recovery, perhaps hoping I would relay it to program therapists who could reinstate her, her second interview was highly personalized, fervent, confessional, and clinically provocative. After termination, however, Nikki had "nothing to lose," at least from an institutional point of view, and con-

fessed that her previous confessions were decidedly flipped (line 8). In this sense, Nikki's oral history interview keenly illustrates the need for analyses that carefully gauge the specific conditions of all linguistic performance (see also Carr 2010b). Thus, in creating evidentiary crises for social service professionals and ethnographer alike—who are unable to readily distinguish flipped scripts from "followed" ones—script flipping evinces both the possibilities and limits of language as a means of detecting or denoting inner states. It also raises critical questions about a therapeutic program and attendant set of institutional practices premised on this cultural ideal.

While one might legitimately blame the "poor ol'" anthropologist (line 8) for her naiveté, as Nikki does above, chapter 6 focuses on script flipping as a kind of expertise. More specifically, this chapter proposes that script flippers were ethnographers of language in their own right, in that they constantly strove to decipher the conditions in which they spoke so that they might linguistically maneuver within them. Working with script flippers' and therapists' descriptions of the practice, the chapter pursues the question of how one learns to flip a script and, in doing so, engages the current thinking on *metalinguistic awareness*—that is, the knowledge people have about the language they speak (e.g., Briggs 1986; Jakobson 1980; Lucy 1993; Silverstein 1993, 2001; Kroskrity 2000). I will demonstrate, in particular, that flipping the script was enabled by an acute awareness of referential speech as a creative, pragmatic, and potentially efficacious mode of social action. Accordingly, chapter 6 suggests that metalinguistic awareness has more to do with the analytical and rhetorical skills accrued in practice than with any inherent quality of a speech act, event, or speaker.

Finally, chapter 6 substantiates the claim that people can act politically by strategically reproducing—rather than simply resisting—ideologies of language. For in perfectly performing inner reference and therefore the role of the "good client," those who flipped scripts also directed the flow of the basic resources, sanctions, and services. Indeed, careful ethnography explains that Nikki would say and do most anything to keep the state from taking her children, including convincing her therapists not to make the call that would have set this process in motion. Ethnography can also show that clients bound to treatment contracts that required them to attend ninety AA meetings in ninety days, sometimes flipped feminist scripts in order to keep the irregular shifts at their menial jobs, as new welfare laws mandate. Thus, *Scripting Addiction* follows flipped scripts through the institutional and social terrains that so often punish and penalize in order to gauge the rewards of this linguistic practice—whether in the form of real resources gained or tragic losses avoided.

Only then can a politics, which is too often misdiagnosed as pathology, be recognized.

Method and Meaning in the Anthropology of the U.S.

Ever since Bronislaw Malinowski (1922), the father of anthropological fieldwork, asked his readers to "imagine" arriving in the Trobriand Islands just as he first did, ethnographers have worked to demonstrate knowledge of native practices based on their experience of *being there*. As practitioners of an interpretive rather than positivist science, anthropologists rely on readers to trust that we have not only witnessed what we describe, but also that we have tried to see it all through the eyes of those we represent, even when our interpretations diverge from those of our informants.

Ethnographic representation is somewhat complicated when one works in a culture with which the majority of one's readers are already familiar, even if they have not experienced firsthand the institutions, people, or practices described. In such cases, the ethnographer urges readers to reflect on the practices and ideas that they commonly take for granted, showing what is exotic and strange in the familiar and intimate, rather than the other way around. Furthermore, the native anthropologist who studies professional practices commonly collaborates and contends with large and diverse communities of scholars who are focused on the study of the very same field (e.g., Brodwin 2008; Dumit 2004; Gal 1995b; Garriott 2008; Gremillion 2003; Luhrmann 2001; Martin 1987, 1994; Masco 2006; Rapp 1988, 1990; Saunders 2009; Young 1995). In cases such as these, the ethnographer's challenge is to demonstrate both the specificity and the cultural continuity of practices, concepts, and interactions that can be overlooked in larger-scale studies, and thereby contribute uniquely to the broader scholarly endeavor.

Considering the experiential and interpretive nature of ethnographic fieldwork, it is understandable that audiences commonly demand to know just how the ethnographer was situated in the field. Accordingly, the nature of my position and interactions at Fresh Beginnings during three and a half years of fieldwork will unfold in the pages that follow. By way of welcome, suffice it to say that I learned my very first lessons in linguistic anthropology from the clients and professionals at Fresh Beginnings, well before I decided to make the subfield a scholarly focus or to engage in the ethnographic study of addiction treatment. For it was as a student intern—working to accrue the field hours required to earn my MSW and trying to help the young treatment program establish its practices and policies, particularly in relation to client participation in pro-

gram governance—that I first realized that the program's therapeutic regimen was predicated on talk. Waiting outside the closed door of the therapy room, where I convened weekly Client Advisory Committee meetings, I listened to the muffled cadence of therapy sessions that lasted up to three hours. Other days, I smoked cigarettes with clients on the building's front porch, where therapeutic talk frequently spilled over, sometimes in the form of critical commentary. And while I generally steered clear of group therapy in an ultimately futile effort to segregate my policy-oriented projects from therapists' clinical activities, I regularly attended "special" group sessions such as those celebrating a client's birthday, sobriety anniversary, or advancement to the next treatment phase. Even more frequently, I found myself witness to impromptu therapeutic exchanges between therapists and clients—clients who spent a good portion of their waking weekdays talking about themselves on Cliff Street.

These early experiences not only provided the first of many lessons I learned on Cliff Street and further fueled my interest in pursuing graduate training in anthropology. They were also the way I gained access to places and people described in this book. Furthermore, once my job shifted from influencing program policy and practices as a fledgling social worker to describing and analyzing them as an ethnographer, I also became responsible for representing the sometimes conflicting and always fascinating perspectives of those I studied, whether professional practitioners or clients. To that end, the pages that follow quote verbatim from the dozens of recorded interviews I conducted during the course of my fieldwork. I also make use of data collected over countless hours of participant observation, including the informal conversations I had on the front porch, in the therapy room, or around the boardroom table. The trust I established with the professional practitioners affiliated with Fresh Beginnings is demonstrated by the scores of program documents—including meeting minutes, grant applications, e-mails to colleagues, letters to clients and supervisors, training materials, and group therapy plans and worksheets—that they gave me to aid my efforts to understand and analyze their practices. The trust I established with the clients of Fresh Beginnings is demonstrated by the fact that they taught me that the discourse contained in these institutional documents could be "flipped" to their advantage. And whether it indexed a growing intimacy between us, or simply a pragmatic investment in teaching me about the semiotic and political quagmires entailed in being a Fresh Beginnings client, Nikki's suggestion that she had flipped my very own professional text — namely, the ethnographic interview—was simply invaluable. For at that moment I understood that my charge as an ethnographer was to account for the complexities of speech events, however much I, myself, was implicated or involved in them.

Considering the meaningful investments of the staff and clients of Fresh Beginnings, which yielded such multidimensional data, my responsibility is to elucidate the perspectives of the professional practitioners and clients affiliated with the Fresh Beginnings program, without conceding my own. As Marilyn Strathern (1988) once wrote, the goal of ethnographic description is to set up parallel worlds in writing, which both describes informants' ways of setting up the world as they do and indicates the ethnographer's interests in construing the world as she does, keeping these perspectives analytically distinct.

So whereas an anthropologist may initially wonder what the ethnography of an addiction treatment program can offer the study of language use and ideology, and a professional practitioner may doubt that linguistic anthropology can shed much light on the politics and practices of the many such programs across the U.S. where she might find herself at work, my intention in *Scripting Addiction* is to demonstrate that mainstream American addiction treatment is a particularly illuminating site, where dominant cultural ideas about language are put into concerted practice. In drawing attention to the labors needed to sustain even the most naturalized linguistic ideologies, as well as the surprising strategies deployed to trump them, the book also shows why one must understand the politics of language in order to appreciate the complex stakes of clinical interventions.

That said, *Scripting Addiction* is not a prescriptive book but instead a descriptive and analytical one. And although I firmly believe that careful descriptive analysis is an essential building block of any successful intervention, it is beyond the scope of this text to prescribe what addiction programs should be like or, for that matter, how social service board meetings should be run, shelter intakes conducted, or mechanisms for client participation instituted. Although each of these important professional practices is described and analyzed in the following chapters, sometimes quite critically, I leave the important work of revising, revamping, or improving upon these practices to the many others devoted to this important work—some of whom I hope will be influenced by this book. In the concluding chapter, I describe some existing attempts to do just that, as well as the broader implications of this book, both for students of culture and language, and for professional social work students. Indeed, *Scripting Addiction*'s most practical hope is to suggest that these two bodies of students have much to learn from each other. For as Fresh Beginnings professionals and clients poignantly demonstrate, both administrative practices and therapeutic ideas are thoroughly cultural and inexorably political. And, in the end, *Scripting Addiction* will remind the reader that culture and politics are always subject to change.